

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-7

11 January 1999

Medical Services
REPORTING OF SPECIAL INTEREST PERSONNEL

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-P.

1. **HISTORY.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
2. **PURPOSE.** This regulation prescribes U.S. Army Medical Command (MEDCOM) policy concerning notifications and patient reporting when special interest persons are hospitalized or when active duty (AD) general officers (GOs) are seen as outpatients for conditions which could affect their ability to remain on AD. Special interest patients include those patients identified as very important persons (VIPs), enabling care (EC) patients, mass casualty (MASCAL) patients, and patients hospitalized as a result of Operations Other Than War (OOTW). Adherence to this policy will help ensure accurate and timely information is provided to the MEDCOM, the Army Medical Department (AMEDD), and Army leadership and will help MEDCOM personnel answer inquiries concerning the health of special interest patients.
3. **REFERENCE.** AR 40-400, Patient Administration.
4. **EXPLANATION OF ABBREVIATIONS.** Abbreviations used in this regulation are explained in the glossary.
5. **APPLICABILITY.** This policy applies to all subordinate military treatment facilities (MTFs).
6. **POLICY.**
 - a. Notifications will be made for admissions, changes in condition (such as major improvement or deterioration of condition, including seriously ill (SI) and/or very seriously ill (VSI) changes), and disposition from inpatient status including return to duty (RTD), discharge, retirement, and death for the following categories of patients:
 - (1) VIPs.
 - (2) EC.
 - (3) MASCAL.
 - (4) OOTW.

*This regulation supersedes HSC Regulation 40-7, 5 March 1990.

(5) Other special interest patients at the request of higher headquarters.

b. VIPs include--

- (1) The President of the United States and dependents.
- (2) The Vice President of the United States and dependents.
- (3) Former Presidents of the United States and dependents.
- (4) Cabinet members.
- (5) United States Supreme Court Justices.
- (6) Secretaries of Defense, U.S. Army, U.S. Navy, and U.S. Air Force.
- (7) Any former service Secretary (authorized care as a retired service member).
- (8) Former Chairmen, Joint Chiefs of Staff, and former Chiefs of Staff of Services.
- (9) Any AD general or flag officers and persons designated to be general or flag officers. Requirements to notify the General Officer Management Office as outlined in AR 40-400 (Patient Administration) must also be met. Also, note special reporting requirements of AD GOs in paragraph 8d below.
- (10) Retired AMEDD GOs.
- (11) MEDCOM subordinate commanders and command sergeants major.
- (12) Foreign heads of states.
- (13) Foreign dignitaries.
- (14) Retired general or flag officers when placed on SI or VSI roster or upon death in the MTF.
- (15) Nationally known figures or celebrities and their dependents who, in the opinion of the MTF commander, could be expected to be of particular interest to the MEDCOM Commanding General or the news media.
- (16) Any military member assigned to a MEDCOM activity upon notification of his/her death.
- (17) Sergeant Major of the Army (SMA) and retired SMAs.

c. EC patients. AD patients who are admitted with a potentially disabling injury or illness in one of the medical specialties listed below.

- (1) Burns.
- (2) Amputations.
- (3) Spinal cord injuries.

- (4) Traumatic head injuries.
- (5) Eye injuries.
- (6) Post traumatic stress disorder.

d. MASCAL patients. Any number of casualties produced in a relatively short period of time which challenge medical and logistical support capabilities.

e. OOTW patients. Patients generated from OOTW, such as deployment to hostile or potentially hostile locations. These OOTW patients, who are hospitalized within an area of operations and subsequently transferred/evacuated into supporting MTFs (both field and/or fixed facilities), are reportable at each MTF.

7. **RESPONSIBILITIES.** All MTF commanders and MEDCOM staff duty officers (SDOs), directorates, and subordinate activities will ensure compliance with this regulation.

8. **PROCEDURES.** Personnel at the MTF level who have been designated to report an admission, change in status, or disposition of a person in a special category, will notify the MEDCOM within 2 hours after such occurrence or as soon thereafter as practicable.

a. VIP admissions, changes in status, and dispositions.

(1) Notification procedures--

(a) MTF personnel will notify the MEDCOM Patient Administration Division (PAD) at defense switching network (DSN) 471-6615/6113 during duty hours (0730-1630, Central Standard Time (CST)). After duty hours, notify the MEDCOM SDO at DSN 471-8445. Commercial area code and prefix is (210) 221-8445.

(b) After duty hours, the MEDCOM SDO will contact the Department of the Army (DA) Operations Center at DSN 225-ARMY to obtain the telephone number of the on-call Office of The Surgeon General (OTSG) SDO and will make subsequent notification. In addition, the SDO will call the MEDCOM PAD and leave all pertinent information on the message recorder telephone number (210) 221-6631.

(2) The data below will be provided when reporting VIP patient information. (MEDCOM Form 567-R (Hospitalization of Personnel in Special Categories), located at the back of this regulation, will be used to report VIP information.)

- (a) Full name and social security number of patient.
- (b) Grade/position/status.
- (c) Unit.
- (d) Admitting MTF and date/time admitted.
- (e) Brief medical diagnosis in nontechnical language, to include a brief description of injury or illness, overall condition, and changes.

- (f) Prognosis, anticipated length of hospitalization, and changes.
- (3) Notification of VIP patient changes in status will include:
 - (a) Information in paragraph 8a(2)(a) through (f) above.
 - (b) Date/time.
 - (c) Specific change(s) in the patient's condition, to include changes to SI/VSI and removal from SI/VSI.
- (4) Notification of VIP patient disposition will include--
 - (a) Information in paragraph 8a(2)(a) through (f) above.
 - (b) Final diagnosis and condition upon completion of hospitalization.
 - (c) Nature of disposition (i.e., duty, discharge, death, or transfer to (name and address of MTF)).
- (5) MEDCOM PAD will prepare and disseminate executive summaries on VIPs as required.

b. EC patient admissions, changes in status, and dispositions.

(1) Notification procedures. MTF personnel will furnish the information listed in paragraph 8b(2) below to the Patient Administration Systems and Biostatistics Activity (PASBA) through the Patient Accounting & Reporting Realtime Tracking System (PARRTS) central software within 24 hours of patient admission, change in status, or disposition. Until a Composite Health Care System (CHCS) interface between MTFs and the PARRTS database is developed, data can be entered directly into the PARRTS. For information on establishing a PARRTS account or assistance in using PARRTS, contact the PASBA Help Desk at 1-800-600-9332.

(2) The following information will be provided when reporting EC patient information:

- (a) Full name.
- (b) Rank/service.
- (c) Social security number.
- (d) Sex.
- (e) Unit.
- (f) Admission date.
- (g) Register number.
- (h) Date of birth.
- (i) Source of admission.
- (j) External cause of injury.

(k) MTF of initial admission.

(l) Date of initial admission.

(m) Injury date/location.

(n) Diagnosis.

(o) Comments, to include clinical updates, treatment and transfer plans, treatment occurring at civilian facilities for patients in absent sick status, changes in status to include SI/VSI and condition changes, medical evaluation board (MEB)/physical evaluation board (PEB) progress reports, etc.

(3) The PASBA will prepare and disseminate EC reports as required.

c. MASCAL and OOTW patients.

(1) MTFs will immediately notify the MEDCOM PAD or SDO (after duty hours) that a MASCAL or other significant incident has occurred which will generate high visibility and/or public interest in casualty information. The following notification will be made:

(a) MTF personnel will notify the MEDCOM PAD at DSN 471-6615/6113 during duty hours (0730-1630, CST). After duty hours, notify the MEDCOM SDO at DSN 471-8445. Commercial area code and prefix is (210) 221-8445.

(b) After duty hours, the MEDCOM SDO will contact the DA Operations Center at DSN 225-ARMY to obtain the telephone number of the on-call OTSG SDO and will make subsequent notification. In addition, the SDO will call the MEDCOM PAD representative as listed in the MEDCOM notification roster.

(c) MTF notification to the MEDCOM will include the following information:

1 Nature, date, and time of the incident.

2 Expected and actual number of patients.

3 Number of patients treated and released, admitted, dead on arrival, and hospital deaths.

4 Number of patients transferred to or admitted at other/civilian facilities.

5 Number of SI/VSI patients.

6 Other significant information such as public figures involved or other issues of public interest.

(2) Notification procedures (apply to both MASCAL and OOTW patients). MTF personnel will furnish the information listed below to PASBA through the PARRTS central software within 24 hours of patient admission, change in status, or disposition. Until a CHCS interface between MTFs and the PARRTS database is developed, data can be entered directly into PARRTS. For information on establishing a PARRTS account or assistance in using PARRTS, contact the PASBA Help Desk at 1-800-600-9332.

- (a) Full name.
- (b) Rank/service.
- (c) Social security number.
- (d) Sex.
- (e) Unit.
- (f) Admission date.
- (g) Register number.
- (h) Date of birth.
- (i) Source of admission.
- (j) External cause of injury.
- (k) MTF of initial admission.
- (l) Date of initial admission.
- (m) MTF transferred to.
- (n) Diagnosis.
- (o) Disposition type and date.
- (p) SI/VSI status.

(q) Comments to include clinical updates, treatment and transfer plans, treatment occurring at civilian facilities for patients in absent sick status, changes in status to include SI/VSI and condition changes, MEB/PEB anticipated/progress reports, anticipated convalescent leave, also-an-EC patient, etc.

(3) MTFs will continue to provide updates on a periodic basis as required. Initially, in any given contingency/incident, updates will be required more frequently, even several times per day. Thereafter, daily updates will be prepared until it is determined that there is no further need.

(4) The PASBA will maintain the special interest patient database and will prepare and disseminate special interest reports on patients involved in MASCAL and other significant incidents as required.

(5) MEDCOM PAD, in conjunction with PASBA, will be responsible for disseminating information to individuals/organizations with a legitimate need to know who do not have access to the patient database. Additionally, MEDCOM PAD/PASBA will prepare executive summaries on the status of patient management activities as required.

d. GO reporting.

(1) Outpatient care. As the principal advisor to the Army Chief of Staff, The Surgeon General (TSG) must know when GOs are under medical care for potential career-threatening conditions. Routine reporting for GO admissions

was addressed above. However, TSG must be informed when GOs are seen as outpatients for conditions which could affect their ability to remain on AD.

(2) Notification procedures. MTF commanders are to personally report to TSG, by electronic means, GO outpatients being seen for conditions which could affect their ability to continue performing current duties. MTF commanders must use their judgment to discern potentially unfitting conditions which meet this criteria, with the admonition that erring should be on the side of over-reporting. "Rule out" diagnoses of sufficient potential severity should definitely be reported even though confirmation tests are ongoing. Information transmitted should include the following:

- (a) Facility name.
- (b) Full name.
- (c) Rank/service.
- (d) Social security number.
- (e) Diagnosis or tentative diagnosis.
- (f) Attending physician.
- (g) Treatment plan.

(3) Electronic reports should be addressed to TSG, the Deputy Surgeon General, and the Regional Medical Command commander.

9. **REPORTS.** This regulation does not eliminate the reporting requirements outlined in AR 40-400.

GLOSSARY

AD..... active duty
AMEDD.....Army Medical Department
CHCS.....Composite Health Care System
CST.....central standard time
DA.....Department of the Army
DSN.....defense switching network
EC.....enabling care
GO.....general officer
MASCAL.....mass casualty
MEB.....medical evaluation board
MEDCOM.....U. S. Army Medical Command
MTF.....military treatment facility
OOTW.....operations other than war
OTSG.....Office of The Surgeon General
PAD.....patient administration division
PARRTS.....Patient Accounting and Reporting Realtime Tracking System
PASBA.....Patient Administration Systems and Biostatistics Activity
PEB.....physical evaluation board
RTD.....return to duty
SDO.....staff duty officer
SI.....seriously ill
TSG.....The Surgeon General
SMA.....Sergeant Major of the Army
VIP.....very important person
VSI.....very seriously ill

HOSPITALIZATION OF PERSONNEL IN SPECIAL CATEGORIES

For use of this form see MEDCOM Reg 40-7

RECEIVED FROM

Name & Phone: _____

Date: _____

Time: _____

The following information is provided regarding the admission, change of status, or disposition of a special category patient.

SECTION I - ADMISSION

Name: _____

SSN: _____

Grade: _____

Position: _____

Status: _____

Unit: _____

MTF Admitted To: _____

Date: _____

Time: _____

Diagnosis/Description: _____

Prognosis: _____

Notification: _____

(Office)

(Date)

(Person Giving/Receiving Report)

SECTION II - CHANGE IN STATUS

Date: _____

Time: _____

Change(s): _____

Notification: _____

(Office)

(Date)

(Person Giving/Receiving Report)

SECTION III - DISPOSITION

Date: _____

Time: _____

Discharge Diagnosis: _____

Type Disposition:

☐

Duty

☐

Discharge

☐

Death

☐

Transferred To: _____

Notification: _____

(Office)

(Date)

(Person Giving/Receiving Report)

The proponent of this regulation is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.



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